

**Q1** Please provide your contact information below.

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**Q2** Please describe your company or organizations overall goals and mission.

New Alternatives for Children, Inc. (NAC) was founded on the belief that all children have the right to be nurtured within a safe and permanent family. NAC's mission is to provide innovative high quality services in support of birth, foster, and adoptive families caring primarily for medically fragile children which includes children with severe physical disabilities, emotional and behavioral challenges, and developmental disabilities. NAC's services enable children to remain in or to be returned to their families whenever possible or to be adopted by loving families. Working with children whose birth families live in poverty, NAC's continuum of services ensures that children's physical, social, educational, recreational, medical, and mental healthcare needs are met. By supporting families NAC prevents lengthy stays in foster care, hospitals, or other institutions. NAC builds on family strengths, provides opportunities, and assists all family members in reaching for and achieving their potential.

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**Q3** Please indicate which category your organization falls under.

**Health Care Provider,**  
**Community Based** ,  
**Organization**

Other (please describe below: 150 character maximum):

New Alternatives for Children (NAC) is a child welfare agency with licensed Art. 28 (medical) and Art. 31 (mental health) clinics as well as a full compliment of wrap-around services.

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**Q4 Innovation Executive Summary.** Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scalability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

Healthy @ Home (H@H) is a program created in 2014 by New Alternatives for Children (NAC) to prevent or reverse the institutionalization of children in long-term care facilities. The children and families served are predominately living in poverty and enrolled in Medicaid. They are provided with integrated health and social services coordinated by a master's level Social Worker. This program is unique in its availability to struggling low income families whether child abuse and neglect is or is not an issue for the family. This makes it distinct from government child welfare programs that provide Special Medical Preventive Services. H@H serves families that otherwise would have no appropriate resources to help them with their medically complex child(ren). H@H works to improve the health and well-being of two groups of children with complex chronic conditions who, with their families, face staggering challenges. These are: (1) children living in long-term care facilities beyond medical need, and (2) children living at home who may be at risk of institutionalization due to inadequate medical care and social supports. The intent of the program is to enable both groups of children to be adequately cared for in family-based settings. In most cases it is the child's birth family but it could also be a foster/adoptive family.

H@H program activities are designed to offer intensive parental support, ongoing care coordination for the child, advocacy, and referrals and linkages to services at NAC and in the community. The program is currently staffed by a Director, master's level Social Workers (one or two bilingual – Spanish), a Case Associate, a half-time Educational Specialist and is overseen by a NAC Associate Executive Director. This team is supported by the expertise of NAC's medical and mental health departments, interdisciplinary staff including those with resource & housing expertise, educational advocacy expertise, support staff and NAC's full continuum of services. The program is open to families residing in the five boroughs of New York City and surrounding areas. Its offices are located in the Bronx. H@H incorporates four essential components and, within these, specific services and activities that are provided depending on the needs and particular circumstances of the child and family. A key to the program is flexibility which allows the H@H Social Workers to engage the family and collaborate on priorities and goal setting. Those four components are: engagement, child & family assessment, ongoing clinical work and monitoring; and referrals and service utilization. By accessing NAC's multidisciplinary array of services and professional experts, the impact of H@H on families served, impacts the areas of education, social and community context, health and healthcare, and economic stability.

Program outcomes include the deinstitutionalization of 20 children between the time of program initiation in late 2014 and March of 2018. A total of 95% of these children were and are, enrolled in Medicaid or Child Health Plus. At an average (2014) cost of \$473,310 for one child living one year in a long-term care facility, H@H has saved at least \$9,466,200 in Medicaid expenses and that represents only a single year of deinstitutionalization for these children. Additionally, more than 80 children at risk of entering long-term care have avoided entering this type of care and have remained at home. This represents a potential savings of over \$87 million per year!

Evaluation criteria: Healthy@Home delivers a tremendous return on investment. The current project budget is approximately \$500,000 per year for a program that is able to serve approximately 50 families per year. For those children who become de-institutionalized, this means that a \$10,000 investment provides a return of over \$473,310. We are making plans at this time to expand the program as additional funding has been awarded. It serves almost exclusively a very high-need, high-cost subpopulation among Medicaid enrollees. The program is evidence-informed. It is initially informed by NAC's 36 year history of delivering successful child welfare services to children with medical complexity and their families. NAC's Director of Research and Evaluation has carefully documented the H@H program and is evaluating outcomes using the Beach Center Family Quality of Life (FQOL) Scale. A longitudinal assessment of perceived family quality of life is being administered to primary caregivers using this scale. Initial results show steady improvement in family quality of life.

Scalability, feasibility and speed to market are all dependent on the ability of an agency to implement this model within the multidisciplinary environment that exists at NAC. The success of H@H has depended substantially on the availability of NAC's full time Developmental Pediatrician who also has expertise in Palliative Care. His knowledge and counsel, along with that of NAC's nursing staff (including two PNPs) and mental health clinic staff, has contributed a great deal to program success. H@H can also access resources at NAC for educational advocacy, entitlement benefits and emergency goods and funds, transportation, mental health services, and child & family recreational activities. At this time H@H is receiving referrals from a wide variety of sources and incoming referrals exceed our capacity to respond. While NAC initially received the majority of referrals from St. Mary's Healthcare System for Children, we are now receiving referrals from all of the following sources: Morgan Stanley Children's Hospital of New York-Presbyterian (CHONY) & CHONY-Audubon Clinic; Elizabeth Seton; Maimonides Hospital; Jacobi Medical Center; Visiting Nurse Services (VNS), Palliative Unit & Hospice Program. Expanding or replicating this program would have tremendous value for the quality of life of families in need as well as tremendous savings of Medicaid dollars.

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**Q5** Was your innovation implemented? If so, please explain when, the number of people impacted, and the results.

Yes (please specify when and the estimated number of people impacted):

H@H was implemented with a BIP Innovation grant awarded in 2014. The program was fully underway as of March 2015. It has now served 89 families with 106 index children. Also served are siblings of the medically complex (index) child and other family members.

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**Q6** Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

**Education,**  
**Social and Community** ,  
**Context**  
**Health and Health** ,  
**Care**  
**Economic Stability**

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**Q7** I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

**I consent to have my innovation shared**

